

## **Application Data Sheet**

### **Application Information**

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	BULK ORDERING
<b>Attorney Docket Number::</b>	062834-0223
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	1
<b>Total Drawing Sheets::</b>	37
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	George H.
<b>Family Name::</b>	Hoffman
<b>City of Residence::</b>	Miramar
<b>State or Province of Residence::</b>	FL
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	18680 S.W. 33rd Court
<b>City of mailing address::</b>	Miramar

**State or Province of mailing address::** FL

**Postal or Zip Code of mailing address::** 33029

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** US

**Status::** Full Capacity

**Given Name::** George

**Family Name::** Fotiadis

**City of Residence::** Miami Beach

**State or Province of Residence::** FL

**Country of Residence::** US

**Street of mailing address::** 1900 Sunset Harbour Drive, #1709

**City of mailing address::** Miami Beach

**State or Province of mailing address::** FL

**Postal or Zip Code of mailing address::** 33139

#### **Correspondence Information**

**Correspondence Customer Number::** 22428

**E-Mail address::** PTOMailWashington@Foley.com

#### **Representative Information**

<b>Representative Customer Number::</b>	22428	
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e)	60/459,988	04/04/2003

**Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

**Assignee Information****Assignee name::**

Restaurant Services, Inc.